STATION and Location WCVB TV I, Kurt Snow, on behalf of MA Alliance Again		Cour	ity of	Date: 09/13/12	
		inst Assisted Suicid	e		
do hereby request station ti	me concerning the				
Length of Rotatio Broadcast Packa	Day, n or	Class of	Time Per Week	No. of Weeks	Rate
Date of First Broadcast 10/22/2012	11/5/2012	t Broadcast		Total Charges:	\$ <u>131,350</u>
The broadcast time will be a				_	
Does the programming (in importance?" Yes O No	whole or in part)	communicate "a n	nessage relating to	any political matte	r of nationa
For programming that "conname of the legally qualified election(s) (if applicable): 1	i candidate(s) the	sage relating to any programming refer	political matter of to, the office being	f national importan ng sought and the d	ce," list the ate(s) of the
For programming that "compattached Agreed Upon Schenas been furnished by: MA You are authorized to appo	Alliance Against	that the advanced passisted Suicide	ayment for the ab	ove described broad	deast time
You are authorized to anno payment, if other than an inc	lividual person, is	a: Ballot Measure C	ich person or entr Committee	ry. The entity furn	ishing the
he names, offices, and add re: Treasurer: Thomas Har	resses of the chief		directors, and/or a	uthorized agents of MA, 02455	the entity
This station does not discrimative times. I agree to indement attorney's fees, that may ensure adcast(s), I also agree to perfore the time of the schedule.	ue from the broad prepare a script, tr	miess the station to least of the above-	r any damages or l	iablility, including a	easonable
	TO BE SIGNI	ED BY ISSUE .	ADVERTISER		
Date: 9/13/2012		te, or Agent)	Contact phone i	number: 916-473-88	66
TO E	BE SIGNED B	Y STATION R	PRESENTAT	IVE	
Accepted	A	ccepted in Part	Rejecte	d	
Signature		Printed Name		Title	- Alexander Military